Health Regulation Administration FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING COMPLETED B. WING HFD12-0004 NAME OF PROVIDER OR SUPPLIER 03/20/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NATIONAL CHILDREN'S CENTER 1501 GALLATIN ST, NE WASHINGTON, DC 20017 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X5) TAG COMPLETE DATE DEFICIENCY) 1000 INITIAL COMMENTS 1000 A licensure survey was conducted on March 20, 2009. A random sample of three residents was selected from a resident population of four males Rawed 4-21-05 and two females with various degrees of disabilities. The findings of this survey were based on observations at the group home, interviews with the direct care staff and the administrative staff, as well as a review of clinical and administrative records, including incident reports. 3507.2 POLICIES AND PROCEDURES 1161 $C_{1,\epsilon}$ The manual shall be approved by the governing body of the GHMRP and shall be reviewed at least annually. This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to provide evidence that the governing body approved and reviewed its I 161 policies and procedures annually. NCC Policies and The finding includes: Procedures will be located on the shared drive for the Interview with the Program Coordinator (PC) and review of the policies and procedures' manual on CEO to review. The CEO 04/24/09 March 20, 2009, failed to provide evidence that will access the policies the manual had been reviewed and approved by annually and will approve the governing body. At the time of the survey, them via e-mail. The the last review of the facility's policies and approved policies and procedures manual could not be determined. procedures will be forwarded to the program. 1 203 3509.3 PERSONNEL POLICIES 1203 Each supervisor shall discuss the contents of job descriptions with each employed at the beginning employment and at least annually the eafter. h Regulation Administration RATORY DIRECTOR'S OR PROMOPRISUPPLIER REPRESENTATIVE'S SIGNATURE (Switch of PK3511

Health Regulation Administration PRINTED: 04/01/2009 FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A BUILDING COMPLETED B. WING HFD12-0004 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 03/20/2009 NATIONAL CHILDREN'S CENTER 1501 GALLATIN ST, NE WASHINGTON, DC 20017 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX ID PROVIDER'S PLAN OF CORRECTION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PRÉFIX (XS) COMPLETE TAG DATE DEFICIENCY) Continued From page 1 🚉 l 203 1203 This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to provide evidence that the supervisor discussed the contents of job descriptions with each employee at the beginning of their employment and annually thereafter. I 203 The finding includes: 14.50 House Managers/Residential Supervisors will ensure that Review of the GHMRP's personnel files on March 05/01/09 Job Descriptions are 20, 2009, at 12:15 PM revealed the GHMRP reviewed and signed failed to provide evidence that four direct care annually Compliance staff had the contents of their job descriptions Specialist will review discussed with them at the beginning of their annually to assure employment and/or annually thereafter. compliance. 3509.6 PERSONNEL POLICIES ; I 206 1206 Each employee, prior to employment and annually thereafter, shall provide a physician's certification that a health inventory has been performed and that the employee's health status would allow him or her to perform the required This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure that each employee, prior to employment and annually thereafter,

The finding includes: th Regulation Administration

provided evidence of a physician's certification that documented a health inventory had been performed and that the employee's health status would allow him or her to perform the required duties for (seven of the thirteen) files reviewed.

FRINTED: 04/07/2009 Health Regulation Administration FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING COMPLETED B. WING HFD12-0004 NAME OF PROVIDER OR SUPPLIER 03/20/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NATIONAL CHILDREN'S CENTER 1501 GALLATIN ST, NE WASHINGTON, DC 20017 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION TAG (EACH CORRECTIVE ACTION SHOULD BE PREFIX (X5) COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY 1206 Continued From page 2 1206 I 206 Interview with the Compliance Specialist on March 20, 2009, and review of the GHMRP's The NCC residential Compliance personnel records at 12:15 PM revealed that the Specialist has developed and GHMRP failed to provide evidence that current implemented a monitoring 1 10 checklist and data base that will health certificates were on file for three direct 04/24/09 identify the status and track all care staff and three consultants. compliance areas to include health certificates. 3510.3 STAFF TRAINING 1222 There shall be continuous, ongoing in-service training programs scheduled for all personnel. 13 This Statute is not met as evidenced by: Based on interview and record verification, the GHMRP failed to ensure continuous, ongoing in-service training programs were conducted for all personnel. The findings include: Interview with the Compliance Specialist and review of the facility's incident reports on March 20, 2009, beginning at approximately 11:14 AM revealed Resident #1 was involved in an incident I 222 dated May 20, 2008. Review of the incident report revealed that two direct care staff reported NCC Compliance Specialist that they discovered a pill on the stairwell that and Management team will belonged to Resident #1. Continued review of review recommendations 04/24/09 the incident report revealed that the staff had not monthly with the NCC

h Regulation Administration

reported the incident until May 22, 2008.

recommendation was made to retrain the two

time of the survey, there was no documented evidence that the two staff had been retrained on

direct care staff on "Incident Reporting." At the

According to the incident report, a

incident reporting as recommended.

Incident Manager. The two

staff involved in the incident

were retrained in Incident

Reporting on 4/24/09.

FORM APPROVED

If continuation sheet 4 of 7

AND PLAI TO THE	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLI IDENTIFICATION NO	ER/CLIA JMBER:	A. BUILDI		(X3) DATE	SURVEY LETED
·		HFD12-0004				ĺ	
NAME OF	PROVIDER OR SUPPLIER		STREET A	DORESS, CITY.	STATE, ZIP CODE	03/	20/2009
	NATIONAL CHILDREN'S CENTED 150		1501 GA	LLATIN ST, GTON, DC 2	NE		
(X4) ID PREFIX TAG	REGULATORY OR LS	EMENT OF DEFICIENCIE MUST BE PRECEDED BY C IDENTIFYING INFORMA	MA 44 -	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)		(X5) COMPLETI DATE
1271	Continued From page		· · · · · ·	1271			
1 271	3513.1(b) ADMINIST	RATIVE RECORDS	;	1271			
F S T II M PO G fill su	Each GHMRP shall magency's inspection, administrative records (b) Personnel records descriptions either at toffice and made availations. Statute is not me Based on record review provide evidence of petaff. The finding includes: Interview with the Complarch 20, 2009, and reversonnel records at 12 HMRP failed to provide for the Program Cooking, no additional informaliable.	for all staff including the GHMRP or in a capital staff including the GHMRP or in a capital staff including the GHMRP failed records for a sonnel records for its point of the GHMRP included the evidence of a personnel record apersonnel records for its point of the GHMRP included the evidence of a personnel record apersonnel record approach app	owing g job central d to all		I 27! NCC Program Coordinator's personnel file is available and be reviewed annually by the compliance specialist.	taniti i	4/13/09 :
1 401 35	20.3 PROFESSION S ROVISIONS	ERVICES: GENERA	AL 14	101		,	
dev sen det	ofessional services shad evaluation, including devaluation, including felopmental levels and vices, and services de erioration or further los dent.	needs, treatment					
GHM acco	Statute is not met as ed on interview and red MRP failed to ensure nordance with the needs lents included in the sadministration	cord review the ursing services in	1				

PK3511

Health Regulation Administration

AND PLA	ENT OF DEFICIENCIES NOF CORRECTION	(X1) PROVIDER/SUPPLI IDENTIFICATION NO HFD12-0004	ER/CLIA IMBER:	(X2) MUL A. BUILD B. WING		(X3) DATE COME	SURVEY PLETED
NAME OF	PROVIDER OR SUPPLIER	111 12-0004	STREET 45			na	<u>/20/2</u> 009
NATION	AL CHILDREN'S CENT	ΓER	1501 GAL	Latin St, Iton, DC	STATE, ZIP CODE NE 20017		20/2009
(X4) ID PREFIX TAG		TEMENT OF DEFICIENCIE MUST BE PRECEDED BY C IDENTIFYING INFORMA	S	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AR		(X5) COMPLE
I 401	Continued From pag	e 4		I 401	DEFICIENCY)	NOTINE	OATE
	and #3)						
1	The findings include:						
	1. The GHMRP failed #1's annual PPD had	DOOR COMPLeted as			1 401	:	
z.	recommended in the I Physical Assessment records and the review progress notes, the last March 7, 2008.	February 25, 2009 A According to the m N of monthly purples	redical .		NCC nursing department will cosure that all residents annua PPD's are completed during the annual Physical Assessment. (Attachment #2)	l	03/25/09
re P	2. The GHMRP failed by a sannual PPD had be commended in the Ji hysical Assessment, ecord and the review of the last annuary 1, 2008.	peen completed as une 17, 2008 Annua According to the me of monthly pureing	i edicai				
1 407 .38 PI	520.9 PROFESSION S ROVISIONS	SERVICES: GENER	AL 14	07	•		
for	ich GHMRP shall obte rvice provider a writte Services provided du arter.		sional rterly				
rev Per qua (Re	is Statute is not met a sed on observation, st iew, the Group Home sons' failed to provide arterly report for three sidents #1, #2, and #3 uple.	aff interview and rec for Mentally Retards e evidence of a writte of the three sections	ed				
The	finding includes:						
,	facility failed to ensure conducted for each s	pharmacy reviews ampled resident					
outation A	dministration	The state of the s	1	1			

; {*

	ENT OF DEFICIENCIES NOF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI	R/CLIA MBER;	(X2) MULT A. BUILDIN B. WING _	IPLE CONSTRUCTION	(X3) DATI	E SURVEY PLETED
WE OF	PROVIDER OR SUPPLIER		STREET AD	IDEES AITY		03	/20/2009
· ,	IAL CHILDREN'S CEN	TER	1501 GAL	LATIN ST, N TON, DC 20	STATE, ZIP CODE IE 0017		
(X4) ID REFIX TAG	REGULATORY OR L	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY P SC IDENTIFYING INFORMAT		ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)		(XS) COMPL DATI
1 407	Continued From pag	ge 5		1 407			
442 3 T. G. be (1) tin	4:00 PM revealed phe conducted consistent However from June 2:2008 (5 month period that a pharmacy reviet Interview with the Lick verified that pharmacy conducted quarterly a here was a delay in deview. 521.7(I) HABILITATION	to, 2008 to November (1) there was no evider what been complete ensed Practical Nurse or reviews were to be and could not explain violating the pharma on AND TRAINING along of residents by the when appropriate, but ing areas: including use of leisures); as evidenced by:	and s. r 11, nce ed. r (LPN) acy	142	I 407 NCC Management me NeighborCare on 3/26 determined the pharms review records quarter.	/09 and	3/26/09
fail ma cap san	sed on interview and led to ensure the clier inage their financial a pabilities for one of the inple. (Residents #3)	record review, the factors in the factors to the extent of the extent of the extent of the force recidents in the force recidents in the force recidents.	0				
	finding includes:						- 1
rece day reve and i partic	rview with the Prograch 20, 2009 revealed lives a Stipend for \$5. program. Continued aled that facility deposition resident did not have pate.	t that Resident #3 15 per hour from his interview with the PC		a a B g	VCC will conduct a financial assessment to determine his bility to manage his funds. Based on this assessment a oal will be developed in the efficient areas.	05/0	01/09

FORM APPROVED

A BUILDING B. WING AME OF PROVIDER OR SUPPLIER NATIONAL CHILDREN'S CENTER STREET ADDRESS, CITY, STATE, ZIP CODE 1501 GALLATIN ST, NE WASHINGTON, DC 20017 (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC DENTISYING MEDIA MEDIA MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTION ACTION MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTION ACTION MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTION ACTION MUST BE PREFIX		Regulation Administ	ration				FORM	APPROVE
AME OF PROVIDER OR SUPPLIER NATIONAL CHILDREN'S CENTER NATIONAL CHILDREN'S CENTER STREET ADDRESS, CITY, STATE, ZIP CODE 1501 GALLATIN ST, NE WASHINGTON, DC 20017 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG Continued From page 6 Review of Resident #3's habilitation record on March 20, 2009 beginning at 3:00 PM revealed a financial assessment checklist dated December 12, 2008 that outlined his current skills and specific needs. According to the assessment, although completing a deposit slip was determined not to be applicable, interview with the client revealed that he was interested in participating in managing his money to the best of his capability. At the time of the survey, there was no documented evidence that Residents #3 was taught to manage his finances to the evidence fair.	STATEMEI NID PLAN 	NT OF DEFICIENCIES OF CORRECTION	IDENTIFICATION NO	ER/CLIA IMBER:	A BUILDIN	G	(X3) DATE S COMPL	URVEY
AATIONAL CHILDREN'S CENTER 1501 GALLATIN ST, NE WASHINGTON, DC 20017 (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 1.442 Continued From page 6 Review of Resident #3's habilitation record on March 20, 2009 beginning at 3:00 PM revealed a financial assessment checklist dated December 12, 2008 that outlined his current skills and specific needs. According to the assessment, although completing a deposit slip was determined not to be applicable, interview with the client revealed that he was interested in participating in managing his money to the best of his capability. At the time of the survey, there was no documented evidence that Residents #3 was taught to manage his finances to the event of his taught to manage his finances to the event of his	AME OF I	PROVIDER OR SUPPLIED	/ HFD12-0004				03/2	0/2009
(X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) [1.442] Continued From page 6 Review of Resident #3's habilitation record on March 20, 2009 beginning at 3:00 PM revealed a financial assessment checklist dated December 12, 2008 that outlined his current skills and specific needs. According to the assessment, although completing a deposit slip was determined not to be applicable, interview with the client revealed that he was interested in participating in managing his money to the best of his capability. At the time of the survey, there was no documented evidence that Residents #3 was taught to manage his finances to the extent of his capable for manage his finances to the extent of his capable for manage his finances to the extent of his capable for manage his finances to the extent of his capable for manage his finances to the extent of his capable for manage his finances to the extent of his capable for manage his finances to the extent of his capable for manage his finances to the extent of his capable for manage his finances to the extent of his capable for manage his finances to the extent of his capable for manage his finances to the extent of his capable for manage his finances to the extent of his capable for manage his finances to the extent of his capable for manage his finances to the extent of his capable for manage his finances to the extent of his capable for manage his finances to the extent of his capable for manage his finances to the extent of his capable for manage his finances to the extent of his capable for his capable for manage his finances to the extent of his capable for								U/EUU3
TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG REGULATORY OR LSC IDENTIFY INFORMATION) PREFIX TAG REGULATORY ACTUAL TAG REGULATORY ACTUAL TAG REGULATORY SATISFIES TO THE APPROPRIATE DATE DATE PREFIX TAG REGULATORY ACTUAL TAG REGULATORY SATISFIES PROVIDE SATISFIES REGULATORY ACTUAL TAG REGULATORY ACTUAL TA				WASHING	LATIN ST, N TON, DC 20	IE 0017		
Review of Resident #3's habilitation record on March 20, 2009 beginning at 3:00 PM revealed a financial assessment checklist dated December 12, 2008 that outlined his current skills and specific needs. According to the assessment, although completing a deposit slip was determined not to be applicable, interview with the client revealed that he was interested in participating in managing his money to the best of his capability. At the time of the survey, there was no documented evidence that Residents #3 was taught to manage his finances to the extent of his	PREFIX TAG	REGULATORY OR L	MUST BE PRECEDED BY SC IDENTIFYING INFORMA	·	PREFIX	CROSS-REFERENCED TO THE	N SHOULD BE	COMPLETE
		Review of Resident March 20, 2009 beg financial assessment 12, 2008 that outline specific needs. Accalthough completing determined not to be the client revealed the participating in manables capability. At the time of the surfocumented evidencial aught to manage his	t #3's habilitation reco linning at 3:00 PM re- it checklist dated Dec- ed his current skills ar- cording to the assess a deposit slip was applicable, interview at he was interested ging his money to the	vealed a cember and ment, with in e best of	1442	DEFICIENCY		
pulation Administration		COLVERN BOOK						

if continuation sheet 7 of 7

If continuation sheet 1 of 2

	ent of deficiencies Nof correction	(X1) PROVIDER/SUPPLI	ER/CLIA UMBER:	(X2) MUL	TIPLE CONSTRUCTION	FORM	URVEY
	HFD12-0004			B. WING		COMPLI	FIED
NAME OF	PROVIDER OR SUPPLIER		STREET ADD	- I		na in	0100-
NATION	IAL CHILDREN'S CENT	ren	1501 CAL	PRESS, CITY,	STATE, ZIP CODE	<u> </u>	0/200
	THE THE CENT	IER	WASHING	LATIN ST, I TON, DC 2	NE 10017		
(X4) ID PREFIX	SUMMARY STA	TEMENT OF DEFICIENCIE					
TAG		MUST BE PRECEDED BY IC IDENTIFYING INFORMA		(D PREFIX	PROVIDER'S PLAN OF COR	RECTION	Are
			IIION)	TAG	CROSS-REFERENCED TO THE A		COMP.
R 000	INITIAL COMMENTS				DEFICIENCY	. TAOTRIATE	PAT
ĺ		3	1	R 000			
	A licensure survey w 2009. A random son	as conducted as Ma		- 1		}	
				1	·		
			it males				
						1	
	TOUR DINGES. I THE DINGES	OP Af this are	re				
				-		1	
				ļ		1	
(-		- WAII on a secular -		1		1	
	and administrative receports.	ords, including incide	ent			İ	
	-po:(5,			- 1		1	
R 125 A	701 5 BACKOROLUU		[1			
77	701.5 BACKGROUNI	DICHECK REQUIRE	MENT R	125			
T	he criminal background	بيدا والماسة	- 1			ſ	
	he criminal backgrour riminal history of the p ontract worker for the					1	
				}			
				İ		1	
						1	
1	- And minimi file seven	(7) years prior to the		<u> </u>		Į	
cn	eck.	()) said billot (O III	•	}		[
	in Di-		1	1		1	
Ra	is Statute is not met a	as evidenced by:	1	1		1	
			-			-	
	''Y'' N G @(I() Anclies	Children and the second	4				
)		1	
			lho l			j	
Dre			rue i	1.		1	
	ch the prospective and		ithin		· ·	1	
which	ch the prospective em	in all jurisdictions w	ithin		•		
whice work	ker had worked or roa	in all junsdictions will ployee or contract	ithin		•		
which work (7) y	ker had worked or res ears prior to the char	in all junsdictions will ployee or contract	ithin		•		
which work (7) years	ker had worked or res lears prior to the chec connel records.	in all junsdictions will ployee or contract	ithin				
which work (7) years	ker had worked or res lears prior to the chec connel records.	in all junsdictions will ployee or contract	ithin				
which work (7) years	ker had worked or res lears prior to the chec connel records. finding includes:	, in all jurisdictions will ployee or contract idea within the seven it for one of the thirters in all purchases.	ithin n een	R	R 125		
which work (7) years The	ker had worked or res years prior to the chec connel records. finding includes:	in all jurisdictions wiployee or contract ided within the seven ik for one of the thirte	ithin n een	1			
which work (7) years The Internal Marc	ker had worked or restead on the checkers prior to the checkers prior to the checkers onnel records. Inding includes: View with the Program h 20, 2009, heginaling	in all jurisdictions wiployee or contract ided within the seventh for one of the thirter ideas are coordinator (PC) or	ithin n een	N	ICC Program Coordinates		
which work (7) y person The Internation March 12:15	ker had worked or restead on the checkers prior to the checkers prior to the checkers onnel records. If the checkers of the c	in all jurisdictions wiployee or contract ided within the seventh for one of the thirter in Coordinator (PC) or at approximately	ithin n een	N pe	ICC Program Coordinator's	04/2 <i>à</i> /1	09:
which work (7) years The Intern Marc 12:15	ker had worked or residence on the checkers prior to the checkers	in all jurisdictions wiployee or contract ided within the seventh for one of the thirter in Coordinator (PC) of at approximately personnel record with presonnel record with personnel record with per	ithin n een	N pe	ICC Program Coordinator's ersonnel file and background	04/2Å/0	09;
which work (7) years The Intern Marc 12:15 not an surve	ker had worked or residence on the checkers prior to the checkers	in all jurisdictions wiployee or contract ided within the seventh for one of the thirter in Coordinator (PC) of at approximately personnel record with presonnel record with personnel record with per	ithin n een	N pe ch re	ICC Program Coordinator's ersonnel file and background neck is available and will be viewed annually by	04/24/0	09;
which work (7) years The Intern Marc 12:15 not an surve	ker had worked or restead on the checkers prior to the checkers prior to the checkers onnel records. If the checkers of the c	in all jurisdictions wiployee or contract ided within the seventh for one of the thirter in Coordinator (PC) of at approximately personnel record with presonnel record with personnel record with per	ithin n een	N pe ch re	ICC Program Coordinator's ersonnel file and background neck is available and will be viewed annually by	04/24/0	09;
which work (7) years The Intern March 12:15 not an surve	ker had worked or residence on the checkers prior to the checkers	in all jurisdictions wiployee or contract ided within the several ided within the several idea within the thirter idea within the thirter idea idea in Coordinator (PC) or at approximately personnel record within the time of the land check for the	ithin n een n as	N pe ch re	ICC Program Coordinator's ersonnel file and background		09;

PK3511

	FEMENT OF DEFICIENCII MUST BE PRECEDED BY IC IDENTIFYING INFORM IE 1	STREET AD 1501 GAI WASHING	A. BUILDIN B. WING	STATE, ZIP CODE	ORRECTION	20/2009
SUMMARY STA SUMMARY STA (EACH DEFICIENCY REGULATORY OR LS	HFD12-0004 TER TEMENT OF DEFICIENCI MUST BE PRECEDED BY IC IDENTIFYING INFORM THE TEMENT OF DEFICIENCY	STREET AD 1501 GAI WASHING	B. WING DRESS, CITY, S LATIN ST, N TON, DC 20 ID PREFIX	STATE, ZIP CODE IE 1017 PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE	03/2	20/2009 (25)
SUMMARY STA SUMMARY STA (EACH DEFICIENCY REGULATORY OR LS	TER FEMENT OF DEFICIENCII MUST BE PRECEDED BY C IDENTIFYING INFORM IE 1	1501 GAI WASHING	DRESS, CITY, S LATIN ST, N TON, DC 20 ID PREFIX	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE	ORRECTION	035)
SUMMARY STA SUMMARY STA (EACH DEFICIENCY REGULATORY OR LS	FEMENT OF DEFICIENCII MUST BE PRECEDED BY IC IDENTIFYING INFORM IE 1	1501 GAI WASHING	ID PREFIX	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE	ORRECTION	(X5)
SUMMARY STA (EACH DEFICIENCY REGULATORY OR LS Continued From pag	FEMENT OF DEFICIENCII MUST BE PRECEDED BY IC IDENTIFYING INFORM IE 1	1501 GAI WASHING	ID PREFIX	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE		(XS)
REGULATORY OR LS	MUST BE PRECEDED BY C IDENTIFYING INFORM IE 1		PREFIX	CROSS-REFERENCED TO THE		(XS)
Continued From pag	ie 1	(FULL ATION)	PREFIX	CROSS-REFERENCED TO THE		(XS)
					- ~ TERUPHIATE	COMPLE
facility's PC could no	t be v e rified.	l	R 125	CETOLENCY		
			17725			
		- 1			j	
		}	1		1	
		- 1			į	
					1	
		1				
			}			,
					.	
					1	
		1			1	
					1	
		- 1				
		}			1	į Į
					1	İ
				•		1
		- 1			ĺ	
						- 1
		1				- 1
					.	- 1
						- 1
dministration				_		ł
		(ISS#	PK3511			1
-	Iministration	Iministration		· · · · · · · · · · · · · · · · · · ·		Iministration